



ARIZONA DEPARTMENT of CHILD SAFETY

March 19, 2021

Engaging parents in the pre-contemplation stage:

- Establish a trusting relationship with the parent through respect, empathy, and meeting the family's basic needs.
- Raise awareness of the dangers their behavior creates. Encourage them to identify negative consequences they have experienced.
- Explain that whether to participate in services is their choice, and emphasize that services are offered to help and support them.
- Don't argue or try to convince them of the need to change; this causes resistance and damages your relationship.

Engaging Parents in the Contemplation Stage:

- Ask parents to think about reasons to change and the risks of not changing.
- Help parents see that change is possible. Assure them that services and supports will be provided to help them be successful.
- Validate their lack of readiness to change their behavior.
- Ask the parent questions to help them identify fears they have about change.

Parent Readiness for Change

Parents move through a series of stages, referred to as the Stages of Change, when modifying behaviors. The stages are:

- **Precontemplation:** The parent has no perception of having a problem or a need to change. The parent is not aware that life can be improved if he/she changes his/her behaviors.
- **Contemplation:** There is an initial recognition that behavior may be a problem and ambivalence about change. A parent may start to gather information about possible solutions.
- **Preparation:** The parent desires change and makes a conscious determination to change. A motivator for change is identified.
- **Action:** Parents take steps to implement change.
- **Maintenance:** A parent actively works on sustaining change strategies and maintaining long term change.

Sources: Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers, US Department of Health and Human Services (2009).

Exposure to childhood trauma can affect a parent's ability to care for a child and work effectively with the DCS Specialist.

- Adult survivors of childhood trauma can have difficulties regulating affect and impulse. These parents may not express emotions consistent with what would normally be expected. They may be combative with team members or reckless in their decisions.
- Childhood trauma may cause a parent to have difficulty remembering important appointments or information shared with them due to memory or attention problems.
- Difficulty maintaining healthy interpersonal relationships may be another indicator that a parent was the victim of childhood trauma. For instance, these parents may have had multiple short-term intimate partner relationships or be estranged from their families.

If behavioral signs consistent with childhood trauma are observed:

- Talk to the parents to discover if they were victims of childhood trauma such as abuse or chronic neglect, exposure to domestic violence, or caregivers who abused alcohol or other drugs.
- Develop a case plan that includes counseling designed to address the parent's history of childhood trauma.
- Recognize that progress toward behavioral changes may be slow and take time due to the complexity of the issues as a result of the trauma

Engaging Parents in the Preparation Stage:

- Ask parents to identify motivators for change such as being a better parent or getting a job.
- Help them to identify the next steps to achieve change.
- Identify their support system and develop strategies that will support change such as using the support person to listen to them when they are feeling discouraged.
- Encourage small initial steps and celebrate when they are accomplished.

Engaging Parents in the Action Stage:

- Help the parents to leverage their strengths to overcome obstacles such as using their support system for child care while they attend therapy.
- Encourage continued participation in services by reminding the parent of the long-term benefits of change.

Engaging Parents in the Maintenance Stage:

- Develop a plan for follow-up support that includes natural supports such as family and friends and formal supports, such as support group attendance.
- Assure providers develop a relapse prevention plan with the parent.

The DCS Specialist's interpersonal skills are a powerful tool to motivate change.

When a child changes caregivers or returns home, provide the following:

- Listen to the client. Acknowledge the parent's feelings and show compassion for their situation. Find areas of agreement as often as possible.
- Acknowledge that individuals are experts about themselves and no one knows more about them than they do. Encourage parents to share their perspectives on the situation, what is needed, and how to accomplish it.
- When talking with parents, engage in respectful conversation instead of confrontation. Be aware of the tone of your conversation: Perceptions of judgment, sarcasm, or criticism can lead to defensiveness, distrust, and failure.

Lapses and/or relapse are common and not a failure by the parent. To prevent lapses or relapse:

- Encourage the parent to identify triggers that contributed to the relapse and make a plan to avoid those triggers. For instance, if being around particular friends leads to drug use, identify what can be done the next time the friends invite the parent to a party.
- Ask the parent about their recent successes. Acknowledge and encourage the positive behaviors.
- View a single lapse as a misstep and not a catastrophic failure.

If relapse occurs:

- Re-engage the parent in the contemplation, preparation, or action stage.
- Reassess the parent's motivation and barriers to success.
- If there are safety concerns, modify the parenting time plan to manage the threats. Refer to the Parenting Time Practice Guidelines.

The DCS Specialist must balance the parent's readiness for change with legal requirements to provide services.

- Make reasonable efforts to provide accessible, available, and culturally appropriate services to help families address the safety threats, and improve the parent's emotional, cognitive, and behavioral protective capacities.
- Refer parents in the precontemplation or contemplation stage to service providers that use motivational interviewing and the stages of change model, which support and encourage engagement in services.
- Collaborate with service providers to develop a case plan that is compatible with the parent's readiness to change.
- Explain to parents the legal requirements and timeframes for achieving permanency. Ensure they understand the urgency to change the behaviors and circumstances that create a danger to their child.
- Be relentless in trying new strategies, services, and supports that will work for the parent. There is no "one size fits all" approach.
- Continually assess the progress of the parents to determine when conditions for return have been met and reunification can occur. It is not necessary for a parent to meet all treatment goals before reunification, if the conditions will allow a sufficient and sustainable in-home safety plan.

Celebrate each positive change, no matter how small it may be.

For additional information and practice tips to guide discussions around the Stages of Change with parents, review the following from the DCS Digital Library: *"Readiness for Change Model"*.

Readiness for Change activities apply to *Ch. 3: Section 3, Developing and Reassessing the Family-Centered Case Plan* in the DCS Policy Manual.

Refer to the right services at the right time by considering the parent's Stage of Change.

- Talk to the parent about available services. If the parent is unwilling to participate in a particular service, document that it was offered and declined, but do not refer to the service. Continue to offer it verbally and in writing.
- Refer to other services in which the parent is willing to participate. For example, if a parent is not ready/willing to participate in substance abuse treatment, consider referring to general counseling with a provider who can address the parent's trauma and support progress through the Stages of Change.
- Continually support the parent's progress through the Stages of Change during monthly in-person contacts.
- Provide the parent with a written case plan, make sure they understand the identified danger/safety threats and required behavioral change. Answer their questions, and ask what they need to be successful